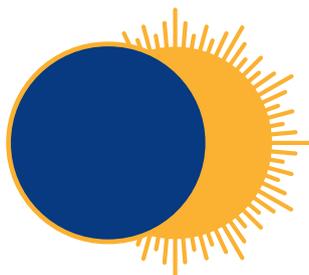


# Quality account

2017–18



Royal Hospital for  
Neuro-disability

# Contents

- 3 Welcome
- 4 Introduction to the RHN
- 6 Clinical strategy
- 8 Safety and quality
- 12 Patient experience
- 14 Workforce
- 16 Innovation, fundraising and research



## Welcome

Our work throughout this year has concentrated on putting processes in place to ensure that the Royal Hospital for Neuro-disability (RHN) is in the best possible position for continuing to provide exceptional care.

Investing in our buildings and facilities is essential to achieving this in a comfortable, functional and practical environment. This year we started our extensive refurbishment programme, beginning with the opening of the new Reed's café which has been enjoyed by residents, visitors and staff alike. We have another exciting year ahead with more refurbishment planned for the hospital reception area and Drapers ward, alongside its state of the art therapy hub.

We welcomed the Care Quality Commission (CQC) back in March 2017 and our inspection report was published in September 2017. We were very happy to receive an overall rating of 'Good' and to receive the feedback that concerns raised on their previous inspection had been fully addressed. Building on the positive outcome of the inspection, we continue to work hard on further improving the safety and quality of services that we offer at the RHN and strive to achieve an even better rating on our next inspection.

Our medical director, director of nursing and other senior managers have worked hard to compile a clinical strategy that is ambitious, exciting and pertinent to the needs of RHN residents and patients. The strategy will help guide the direction and further development of services here at the RHN and we look forward to updating you on our progress over the coming months.

We held the first RHN Festival in June 2017, combining our Founder's Day celebrations with a host of other events and activities for residents, their visitors and staff. Events included a 'bake off' competition, a rounders match, live music, a quiz and educational talks from residents and staff. The festival was a fantastic way to celebrate the founding of the RHN and its incredible history in helping people with profound disabilities.

Throughout the year we have celebrated a number of staff achievements, including those who have completed specific qualifications such as our Putney Nurse programme, those who strongly embody our values and those who have worked at the RHN for significant periods of time. At our staff awards, a number of colleagues received certificates commemorating their service at the RHN for 10, 15 and even 20 years in some cases.

We remain extremely appreciative of the outstanding work completed by all of our staff, and the compassion that is displayed at the RHN on a daily basis. The RHN would not be the incredible place it is without the dedication of its staff, and I thank them all for their ongoing work.

**Paul Allen**  
Chief Executive



# Introduction to the RHN

Our patients and residents come from all over the UK and we are one of the largest providers of specialist neuro-rehabilitation services for people with complex disabilities.

Our largest commissioner is the NHS. We are commissioned by NHS England to provide specialist neuro-rehabilitation for patients with highly complex needs (level 1/2a). We have individual commissioning arrangements with around 65 Clinical Commissioning Groups (CCGs) and 9 local authorities for the provision of long term care – along with a small number of self-funding residents.

There is a Commissioning for Quality and Innovation (CQUIN) scheme attached to our NHS England contract. This CQUIN seeks to:

- Reduce unnecessary duplicate referrals and the time spent in waiting for assessment
- Reduce the number of “rejected” referrals rejected simply because the information is not complete.
- Improve patient experience data at a unit level
- Bring level 1/2a neuro-rehabilitation services more fully into a “system” of care in each Sustainability and Transformation Partnership (STP) group in London

The RHN met 100% of all CQUIN targets in 2017.

## Brain Injury Service

The Brain Injury Service (BIS) provides intensive neurological rehabilitation to people with a significant brain injury and complex physical, cognitive and communication needs. We offer specialist expertise in the management of people who remain in a prolonged disorder of consciousness as a result of their brain injury as well as expertise and proven success in the assessment, management and removal of tracheostomy after brain injury.

BIS offers an interdisciplinary model of rehabilitation, including services not commonly found in traditional rehabilitation settings, such as Augmentative and Alternative Communication (AAC) specialists and technology, an integrated complex seating and postural management team and engineering workshop, music therapy, art as therapy, leisure services, hydrotherapy and pastoral services.

We passionately believe that all people have the right to achieve their full potential and enjoy the optimum possible quality of life. We strive to care for people and their families as individuals, with practical and emotional support every step of their journey. Our work makes that vital difference to the lives of profoundly disabled adults with brain injuries.

## Specialist Nursing Home

The Specialist Nursing Home supports patients with highly complex physical disability and cognitive behavioural needs. The Specialist Nursing Home team are experienced in managing neurological conditions while working to optimise independence and function wherever possible. Quality of life is the focus and accessible, specially-adapted activities are provided with the support of a large team of volunteers.

This service is nurse-led and provides expertise in complex disability management. It also offers access to an on site GP and to a specialist consultant in rehabilitation medicine as well as a full range of therapy services. After assessment, a person centred package of care is created. These packages are delivered by caring clinical staff who specialise in complex neurological disability and include access to innovative technologies.

## Specialist Services

### Ventilator Unit

The Jack Emerson Centre offers care and treatment for people who need ventilator support in a specially designed environment. Our multi-disciplinary team made up of a specialist consultant, nursing staff and a range of therapists, cares for people with complex needs on both a short-term or longer-stay basis.

The service is supported by a specialist consultant from the Lane Fox Unit, the largest complex home ventilation and weaning centre in England. An outreach specialist nurse is also available for all patients with tracheostomies.

### Huntington's Disease Service

Our specialist Huntington's disease service is based on Wolfson and Coombs wards. It provides excellent care and support for patients who have highly complex needs, and their families, encouraging independence and maximising their quality of life.

These wards provide an environment where people affected by Huntington's disease, a rare genetic condition, can receive specialist support. There is a consultant in Huntington's disease and specialist therapies such as neuropsychology, occupational therapy, physiotherapy and speech and language therapy.

The team is also experienced in palliative care. This highly sensitive work is supported by a specialist palliative care consultant from the Royal Trinity Hospice, as part of a partnership arrangement.

### Neuro-behavioural Rehabilitation Unit

This is a service for those whose conditions have affected their behaviour and present challenges to their care. Patients who experience a change in behaviour or behavioural challenges due to their brain injury or condition are supported by our staff in this dedicated service. We also provide rehabilitation and longer term support for people who experience challenges in behaviour which may be limiting their rehabilitation progress.



# Clinical strategy

## Introduction

The RHN Clinical Strategy brings together the collective vision of the team who plan, deliver and provide the clinical care needed for patients and residents with an acquired brain injury or neurological condition and it sets out the direction of care for the next three years.

It includes input from Medicine, Allied Health and Nursing, and builds upon the critical relationships between patient care, research and education. It sits within the RHN's commitment to humanised care underpinned by respect, empathy and clinical excellence.

## Guiding Principles

1. Doing the basic things well is a key component of this strategy. Many of the patients at the RHN depend on clinical staff to fulfil activities of living, such as breathing, eating, washing, and moving.
2. Providing choice where possible, enabling best interest decision making, and supporting patients to live well whilst being dependent on others, are critical elements of a high quality service. This clinical strategy ensures that patient care and treatment are at the epicentre of the RHN.
3. Providing an environment for staff enablement, development, and empowerment.
4. Intelligent use of technology to benefit patients and improve quality outcomes.

## External Profile

We are committed to developing an external profile that positions the RHN at the forefront of innovation, quality and research in the field of neuro-disability. As a specialist hospital we aim to grow our reputation for excellence in a dynamic and evolving landscape.

## Culture

We will develop a culture that questions and positively challenges processes in order to drive innovative change, be more efficient and enhance quality. Our clinical staff are important to us and we will support their personal development by providing them with the means to achieve their professional aspirations.

## Role of Technology

We will be leaders in advanced and digital technology systems that support good governance and aid the delivery of high quality care to ensure that patients are empowered to live their lives as independently as possible and have the freedom to make choices.

## End of Life Care

We will grow our capabilities to provide choice, care and compassion at the end of life by providing compassionate, sensitive and supportive end of life care that ensures patients die knowing they were loved and that their lives had value.

## Broadening access to services

By providing access to appropriate therapeutic and leisure activities 7 days a week we will increase opportunities for patients and families to choose how best to spend their time together.

## Development of clinical staff

We are committed to developing innovative and creative roles that support recruitment and retention of a vibrant, talented, competitively rewarded multi-disciplinary team and which promotes career progression.

## Enhanced Care

We will provide an enhanced medical care service for patients who become unwell and would otherwise require transfer to acute hospitals. This will mean that many more patients will be able to be treated on site.

## Ethics

We aim to become leaders in the field of ethics and ethical decision making within neuro-disability and neuro-palliation, and expert in the withdrawal of clinically assisted nutrition and hydration.



# Safety and quality

## Safety performance overview

There continues to be a proactive incident reporting culture within the RHN and this is reflected in the excellent levels of reporting of no or low harm incidents, which make up almost all incidents reported. In 2017/18 there were just four incidents reported which resulted in moderate harm and no incidents which resulted in severe harm or death.

Serious Incidents (SIs) are incidents that we are legally obliged to report to external organisations such as the CQC and Safeguarding authorities. Between April 2017 and March 2018, there were two Serious Incidents identified which had to be reported to the relevant external agencies;

- One incident related to a resident who developed a pressure ulcer and this was reported to the local Safeguarding team. The investigation identified that the patient had chosen to sit out of bed for longer than the recommended period and was fully aware of the risks associated with this.
- One incident regarding information governance was reported to the Information Commissioner's Office.

There were four incidents that were recorded as Serious Adverse Events, which means the incidents do not need to be reported to an external agency but the RHN deem the incidents to require a full investigation. Two of these incidents were medication errors, one incident related to a patient fall and one incident involved a patient's oxygen levels dropping unexpectedly.

## Safeguarding

Protecting our patients and residents from avoidable harm and abuse is of paramount importance and the RHN places a strong emphasis on proactively reporting any safeguarding concerns.

In the past year, safeguarding training provided to RHN staff has been fully reviewed and improved to equip staff to quickly identify and report any safeguarding concerns. The content of training provided has been modified, so that it is more relevant to staffs' day to day jobs. This is particularly true for the Level 1A training, which has been introduced to supplement the original Level 1 training offered. Level 1A is aimed at non-registered clinical staff and is a scenario-based session which helps staff recognise potential signs of abuse.

The Director of Nursing is responsible for safeguarding within the RHN, with support from the Head of Patient Safety and Quality, and chairs the monthly Safeguarding Assurance Committee. The Committee reviews any on-going safeguarding cases within the RHN and seeks to learn from other safeguarding cases from across the country.

Between April 2017 and March 2018 there were 14 safeguarding concerns recorded by the Patient Safety and Quality team. Nine concerns related to the actions of patients' family members or visitors and four of the concerns raised related to RHN staff or care. The remaining concern was raised by the RHN about an external organisation.

All safeguarding concerns raised were investigated internally and six were escalated to the appropriate Safeguarding Adults Team:

- Three concerns that were raised with the local safeguarding team did not meet their criteria for a safeguarding review and were therefore fully managed internally at the RHN;
- Two safeguarding concerns were fully reviewed by the local safeguarding team, who supported the actions taken by the RHN;
- The remaining safeguarding referral related to an external organisation and was found to be unsubstantiated.

## Information Governance

### Information Governance Toolkit

The Information Governance (IG) Toolkit is a tool which assesses the performance of an organisation in relation to IG laws and guidance. The RHN completes the IG Toolkit yearly and is required to achieve a Level 2 in each individual area of the tool in order to demonstrate sufficient compliance. In 2017/18, the RHN successfully achieved Level 2 in all areas of the toolkit and one Level 3 rating. The overall score achieved by the RHN was 67%, which is identified as 'satisfactory'.

### Incidents

Between April 2017 and March 2018 there were two information governance incidents reported to the Information Commissioner's Office (ICO) via the IG Toolkit.

RHN introduced a new IT security system which detects and monitors personal identifiable information (PID) being sent in emails from RHN.org.uk addresses. The IT department reported 10 incidents which occurred between 18/05/2017 and 26/06/2017 where PID was not sent securely. All emails were sent to the correct and intended recipient but were not sent via a secure email route. We have no reason to suspect that information was accessed by anyone other than the intended recipients. Most incidents were due to staff not following relevant RHN protocols however one incident involved a typo which prevented the email being sent encrypted. The IT software used to detect the IG breaches now stops any email from leaving the organisation which is suspected to contain PID or clinical information that has not been sent in a secure format. The sender receives an automated email alerting them that their email has been stopped and informing them why.

A nursing handover document was found in the RHN car park by a member of the public. To address this, additional confidential waste bins have been located at the hospital exits alongside posters prompting staff to dispose of their handover sheets correctly. The communications team also promoted a series of reminders to staff through the e-screens and on the staff intranet.

No further action was taken by the ICO in any of these cases.

A complaint was made to the ICO by a deceased patient's relative regarding a delay to her receiving copies of her late husband's medical records. The delay was caused by a misunderstanding within the medical records team, where it was believed that the request had been cancelled. A review of processes regarding access to medical records has been completed and processes have been strengthened to reduce the likelihood of this happening again. We are awaiting a response from the ICO regarding this complaint.

### General Data Protection Regulations

The Information Governance Committee prepared for the introduction of the General Data Protection Regulations (GDPR) throughout the year. The Committee have updated RHN policies to ensure compliance with the new regulation, and liaised with departments throughout the hospital (such as fundraising) to ensure the RHN was compliant when GDPR came into force on 25 May 2018. The IT Service Manager has assumed the role of Data Protection Officer and has completed the necessary training to fulfil this role.



# Safety and quality

## Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care providers in England. They are responsible for ensuring that organisations providing health and social care offer safe, effective, caring, responsive and well-led services.

The RHN is registered to undertake the following regulated activities:

- Treatment of disease, disorder or injury
- Accommodation for people who require nursing or personal care
- Diagnostic and screening procedures
- Transport services, triage and medical advice provided remotely

In March 2017 the CQC completed an announced inspection at the RHN, reviewing the available services under their 'Long term conditions' framework. The formal inspection report was published in September 2017 and the ratings achieved were as follows:

Safe	Requires Improvement
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good
<b>Overall</b>	<b>Good</b>

The report recognised that there are good incident reporting processes and a proactive culture for recording any incidents that occur. It highlighted excellent performance in key quality indicators, such as pressure ulcer management. The report also acknowledged good multi-disciplinary working, with policies, procedures and care based on National Institute for Health and Care Excellence (NICE) and Royal College guidelines.

The report documented an extensive range of activities provided at the hospital to meet people's individual needs. The inspection team received very positive feedback from patients and residents, as well as their friends and family. It was recognised that staff are kind and offer care that promotes dignity.

The inspection team found a visible and supportive leadership team, with a robust governance framework and clear reporting lines.

The inspection report identified three areas of practice as being particularly outstanding:

- The range of bespoke communication devices utilised throughout the RHN (for example eye gaze software);
- The effective use of technology during therapy (such as adapted gaming software);
- The chaplaincy service.

In addition to the many areas of good practice identified by the inspection team, there were some areas for improvement documented in the report. To ensure these areas are fully addressed, the Lead Nurse for Quality has implemented a comprehensive ward improvement plan for each ward in the hospital, complete with specific actions and target dates for completion. An exception report is submitted to the Executive team to allow progress to be monitored.

With the inspection report, the RHN received a requirement notice highlighting three key concerns identified by CQC during the course of their inspection. RHN submitted an action plan to CQC in response to the requirement notice, identifying remedial actions to address their concerns and targets for completion. The three areas identified by CQC were as follows:

- "Some staff did not have an up to date annual appraisal"

A programme to increase staff awareness and compliance with the appraisal system was implemented, including reminders via the weekly CEO newsletter, intranet and e-screen advertisements. HR provided training for staff responsible for appraising and those being appraised. By the end of December 2017, staff compliance with appraisal reached 96% which surpassed the 95% target.

- "Some staff supporting people who had swallowing difficulties did not have sufficient training to provide safe care"

The impetus for staff to complete 'Mealtime Refresher' training led by Speech and Language Therapists was increased and over 100 staff members had completed this training by the end of 2017.

All RHN permanent and bank clinical staff attend mandatory dysphagia training as part of their induction to the hospital. A mandatory e-learning module on dysphagia training and safe oral intake will be run in addition to this to strengthen the training and it will become mandatory for all staff to complete this annually.

Health Care Assistant Dysphagia Champions have been introduced to each ward and 24 staff are currently committed to this role.

- "Some staff were not trained on how to help patients and residents make choices within the range of which they were capable, which constituted some infringement of their rights"

In addition to the mandatory e-learning modules, we hold tailored capacity and decision-making training sessions on the wards. These sessions involve discussion about scenarios involving actual patients. The sessions are led by the Clinical Lead for Mental Capacity & DoLS and staff discuss decision-making for specific patients, to increase the relevance to the staff taking part and their understanding of how supported decision-making works in practice. This training had been completed by 37 members of nursing staff and 35 therapists by the end of 2017. The Clinical Lead for Mental Capacity and DoLS has also trained 11 decision-making champions and there are plans for two more to be trained so that each ward has a designated champion.



# Patient experience

## Friends and Family Test

When patients are discharged from the Brain Injury Service, they are asked how likely they would be to recommend the RHN to other people. Their relatives are also asked the same question.

The table below shows the Friends and Family Test results from April 2017 – March 2018:

	Extremely likely	Likely	Neither likely nor unlikely	Unlikely	Extremely unlikely	Don't know	Total
<b>Patient</b>	28	4	0	0	0	0	<b>32</b>
<b>Relative</b>	34	13	0	1	0	2	<b>50</b>

The results show that almost all respondents (96%) would be likely or extremely likely to recommend the RHN.

## Compliments

It is important to record positive feedback, in addition to any complaints received, as this helps us to identify areas in which we are performing well. In 2017/18, staff recorded 40 compliments on the electronic Datix system. This was an increase from the previous reporting year (33) but a decrease from 2015/16 (50). In August 2016 reporting compliments on Datix became the responsibility of wards/departments, where it had previously been completed by the Patient Safety and Quality team. There appears to be significant under reporting with many of the compliments being logged by the same individuals.

Most compliments were received from patients' families (30), however there were also three received directly from patients. Two compliments from CCGs were recorded, as well as five from internal colleagues. Most compliments praised more than one service, however most compliments related to support from staff (44%) or nursing care (36%).

## Complaints

Complaints are a vital source for identifying where services and care require improvement, and staff are encouraged to view all complaints as an opportunity for learning. All complaints are recorded on our electronic Datix system and are investigated in accordance with our complaints policy.

There were 179 complaints reported in 2017, including 153 informal concerns and 26 formal complaints. Four informal concerns were escalated to formal complaints.

## Informal complaints

Informal concerns should be resolved within 48 hours and an improvement in resolution time across all services is noted for this year, in comparison with the previous reporting period. In 2015/16, 16% of informal concerns were documented as resolved within 2 weeks; this has improved to 52% in 2017/18. Similarly 35% of informal concerns raised in 2015/16 were resolved within 1 month which rose to 87% in 2017/18. The Patient Safety and Quality team continue to support ward staff with the closure of informal concerns.

## Formal complaints

The RHN acknowledged 96% of formal complaints with 48 hours of receipt and provided a formal response within 20 working days to 69% of complainants. Most delayed responses were due to the investigator having a period of leave within the 20 working day response time. Improved planning and communication regarding complaint investigations has meant that investigations are less frequently allocated to staff who will be going on leave, and this has contributed to improved response times.

There were 13 partially or fully substantiated complaints, which was a similar number to 2015/16 and less than 2014/15.

## Complaint themes

Most complaints related to nursing care and communication. These themes remain consistent with previous years and the Director of Nursing has developed a nursing strategy, including significant learning and development opportunities for nursing staff, to improve the provision of nursing care throughout the hospital. Work to improve communication between our staff, residents and their families continues, with a family support working group led by the Consultant Clinical Neuropsychologist focused on this element of our service.

## Chaplaincy

In the past year the Chaplaincy team has supported patients, residents, families and staff pastorally and emotionally whatever their faith or no faith. The patients, residents and their families are on a difficult and often life changing journey and the Chaplaincy is alongside them on that journey as they search for meaning, opportunities to express their feelings, reflect on changing relationships and sometimes question life. The Chaplaincy has also helped the RHN community to mark joyful, painful or challenging life events in a meaningful spiritual or cultural way, including the annual memorial service.

## Tone Management

Many of the patients and residents accommodated at the RHN have a high muscle tone as a result of their neuro-disability. This excessively high tone, known as spasticity, can make it difficult to help them with their personal care and with activities like washing and dressing. The RHN has an in-house interdisciplinary Tone Clinic, available to all patients and residents. Tone Clinic reviews include assessment and management of spasticity by a specialist Consultant, Occupational Therapist and Physiotherapist. Treatment can include medications, therapy and the administration of botulinum toxin.

## Postural Management

Due to their neuro-disability, many of the patients and residents at the RHN require specialist equipment to help them maintain a safe and comfortable posture, both when they are in bed and also when sat out in a wheelchair. The RHN is very fortunate to have a highly skilled Postural Management team on-site to meet the needs of our patients and residents.

The Postural Management Service carried out 230 assessments and made provision of wheelchairs and seating systems to 103 of our patients and residents over the past year. They have provided over 200 loan wheelchairs to facilitate rehabilitation programmes and to assess the changing needs of individuals. The team also assessed and provided equipment for use in bed to optimise positioning over a 24-hour period for many residents.



# Workforce

## Staff survey

### 2017 results

Our 2017 RHN Staff survey showed that 89% of staff are proud to work here, and 89% thought that the RHN makes a positive difference to the world we live in. These are good indicators of how people feel and their commitment to The RHN. Whilst more people felt they could make a difference working for us than they did the previous year; it wasn't all good news.

The results showed some key areas which we need to address to ensure that we continue to improve. We've since reviewed the survey findings with our senior leadership team to identify key themes across the charity, to ensure that the things that matter most are responded to. Key topics include addressing the low survey response rate, reduced satisfaction around communication between senior management and staff, and staff experiences of bullying and harassment.

### What we have changed so far

The actions from last year's survey are on-going and there are projects happening around the charity that are as a result of what our staff told us. Some of these improvements include:

- The introduction of the Executive buddy system, whereby each ward has a dedicated Executive Director who visits the ward on a regular basis.
- A new intranet to share the latest messages with staff from our Executive Team and enable staff to share their views and ideas.
- The rollout of Staff Engagement sessions, where our Executive Team update staff on our business strategies and answer any staff questions.
- Improvements to staff rewards, with a review of our value proposition to staff.
- Reviews of investment in our Organisational Development strategy and how we support leadership and other skills development.

We are also reviewing our cultural and behavioural frameworks and looking at how we continue to progress our cultural journey

## Specialist Nurses

The RHN employs four specialist nurses who have expert knowledge in key areas of care required by our patients; tissue viability, tracheostomy care, infection prevention and control, and nutrition. The nurses offer support, teaching and clinical recommendations in their area of expertise. They have also produced comprehensive guidance documents and reviewed staff competencies.

## Putney Nurse and Putney HCA Programmes

The Putney Nurse programme was established in 2017 to provide education and training to nurses working at the RHN that would increase their knowledge and skills around caring for patients with an acquired brain injury. The course runs over 10 days, spread across a 4 month period and includes intensive sessions focusing on end of life care, grief and loss, family support and managing risk. During the programme nurses are required to undertake an audit within their clinical areas and present this to the group at the end of the course.

As a result of a series of workshops undertaken during the summer of 2017, it became evident that a modified version of the Putney Nurse Programme would be beneficial for our large group of Health Care Assistants (HCA's). A 5-day intensive course was developed that enabled this group of staff to learn about resilience, compassionate caring, end of life care and loss. We are now training our third groups of both nurses and HCA's and seeking funding to develop both programmes to support staff from other organisations.

## Schwartz Rounds

Schwartz Rounds are a multidisciplinary forum designed for staff to come together once a month to discuss and reflect on the emotional and social aspects of their jobs. Throughout 2017/18, Schwartz Rounds have been consistently well attended by staff. In order to ensure that staff who predominantly work night shifts are able to attend and benefit from Schwartz Rounds, a number of sessions have been held at night.



# Innovation, fundraising and research

## Electronic Assistive Technology

The Compass team works to support ward staff with the assessment and treatment of patients and residents, using the latest assistive and rehabilitation technologies. Compass is an advisory service funded by RHN fundraising activities. Compass works with patients on the wards and in the Patients Computer Therapy Room, where they can also attend for leisure activities, such as browsing the internet or playing games.

In 2017/18, Compass received approximately 55 internal referrals. However, there are also residents at RHN who are supported by Compass longer term to manage their assistive technologies.

## Fundraising – how you helped us in 2017

The extra services and therapies that our charity fundraising allows us to provide set us apart from other hospitals. Donations help us to fund:

- Aquability pool sessions
- Computer therapy and specialist communication aids
- Leisure and Families Service (including disability sports)
- Music therapy
- Nurse escorts and transport for patient trips
- Occupational therapy art
- Onsite multi-faith chapel services
- Our programme of research
- Physiotherapy equipment and hoists
- Specially adapted wheelchairs

As part of our overall fundraising target we continue to raise money for the refurbishment of one of our Brain Injury Service wards and the creation of a therapy hub – a purpose built state of the art rehabilitation facility. The hub will be an uplifting space that boosts morale and promotes healing and wellbeing with zoned areas to provide privacy for patients.

Our events team also works with individual fundraisers and organisations who take on sporting challenges and hold events to raise money and awareness of the RHN. These include:

- Taking part in the Virgin Money London Marathon and the Prudential RideLondon
- The London Committee's annual bridge event hosted at the hospital
- Our annual Christmas carol concert
- The RHN's flagship fundraising event, a gala dinner hosted at livery halls

## Research

### Quality improvement project

RHN was selected as one of the Patient and Family Centres Care (PFCC), "living Well to the Very End" programme sites. The programme is a collaboration between The Point of Care Foundation and the National Clinical Director for End of Life Care (NHS England), and is funded by the Health Foundation. Our project concentrated on improving the end of life care for patients with a disorder of consciousness.

### National conference

The conference on End of Life in Disorders of Consciousness (DoC) was held at the RHN in March 2017. This conference aimed to bring together professionals and carers from a range of specialities to discuss clinical, ethical and legal issues relating to end of life decision-making and care for people in DoC. This fascinating day highlighted the complex and often emotional issues in this area, and the endeavours of professionals from a range of clinical, legal and related backgrounds to have clarity, professionalism, and compassion in working with these patients and their families.

### International study

The RHN is taking part in a multi-centre study on the validation of the Music Therapy Assessment Tool for Awareness in Disorders of Consciousness (MATADOC), which is was developed at the RHN. The study is looking to compare MATADOC with the Coma Recovery Scale –Revised.

### National study

The Wessex Head Injury Matrix (WHIM) has recently undergone revision analysis. The aim of this study is to pilot the revised matrix (WHIM-II) with participants diagnosed with DoC and for the psychometric properties (reliability, validity) and clinical utility of the scale to be evaluated.

### PhDs

Mrs Sonja Soeterik, consultant clinical psychologist, completed her thesis entitled "Neither a wife nor a widow: Disorders of consciousness and the experience of families and professionals who care for them" with Royal Holloway University. This research has been important in understanding what health care professionals can do to support families of people with a disorder of consciousness at a time of great challenges. The PhD was awarded in December 2017

Dr Agnieszka Kempny, Speciality doctor, presented her thesis on "Characterising Brain Function in Vegetative and Minimally Conscious States Patients" at University College London. Near infrared spectroscopy (NIRS) is a non-invasive technique which measures changes in brain tissue oxygenation. Dr Kempny pioneered the use of NIRS to detect residual cognitive functions in patients with prolonged disorders of consciousness using a motor imagery task. The PhD was awarded in October 2017.

Dr Kudret Yelden, Consultant in Rehabilitation Medicine, was awarded the "best young investigator abstract award of acquired brain injury" at the international Brain Injury Association conference in New Orleans for her paper on "Optimisation of circadian rhythms in patient in disorders of consciousness".

Ms Helen Paterson, Speech and Language therapist started her thesis entitled "Training from the patient and the carer's perspective: The development of a care staff training programme in AAC based on the views of AAC users and carers in a long-term care setting" at Manchester Metropolitan University.

Mrs Della Warren, registered nurse, commenced her PhD at the University of Surrey in the faculty of health and medical science in October 2017. She is supervised by Professor Jill Maben and Dr Melaine Coward. Her research is "the impact of reflection on practice" the focus of which is action research, which will be undertaken in the hospital.

### Other projects

"Memory and learning after brain injury: A study exploring causes of common memory problems": This project led by Dr Nathan A Illman, Clinical Psychologist and Dr Sarah Crawford Consultant Clinical Neuropsychologist is looking at whether the use of therapeutic 'downtime' is clinically indicated for improved memory retention in individuals with severe acquired brain injury"

Dr Ria Prasad from the Dental Department completed her project entitled "Effectiveness of daily toothbrushing with 1% chlorhexidine gluconate (Corsodyl) dental gel on reducing the occurrence and frequency of chest infections in adults living with a neuro-disability at the Royal Hospital for Neuro-disability (RHN)".

### Publications

There were seven articles written by RHN staff that were published in a variety of journals in 2017, including Clinical Rehabilitation, Neuropsychological Rehabilitation, and Disability and Rehabilitation.





Royal Hospital for Neuro-disability

The Royal Hospital for Neuro-disability, West Hill, Putney, London, SW15 3SW  
020 8780 4500 | [www.rhn.org.uk](http://www.rhn.org.uk) | [info@rhn.org.uk](mailto:info@rhn.org.uk)

Follow us



[twitter.com/rhnuk](https://twitter.com/rhnuk)



[facebook.com/rhnuk](https://facebook.com/rhnuk)



[instagram.com/rhnuk](https://instagram.com/rhnuk)